

**State Legislative Status Report
2007 – 2008 Session
October 24, 2007**

Note: Status information reflects information available as of 10/18/07.

Bills sent to the Governor

Note: The Governor had until Sunday, October 14 to sign or veto bills. Thus, the status of the bills discussed below is final. A separate section follows this one which details 2 year bills.

Assembly Regular Session

***AB 8 (Nunez)** Health care coverage: employers and employees

Version: Amended 9/07/07

Sponsor: Author

Status: Vetoed 10/12/07

The bill would have required employers to spend, at minimum, 7.5% of social security wages on health care expenditures for full-time and part-time workers and their dependents, or pay an equivalent fee to a newly created fund the California Health Trust Fund (Fund). The bill would have required all employers to adopt and maintain a cafeteria plan (Section 125) to allow employees to pay for health insurance premiums on a pre-tax basis.

The bill would have created the California Cooperative Health Insurance Purchasing Pool Program (Cal-CHIPP), to be administered by the MRMIB, and to function as a statewide purchasing pool to provide health care coverage to employees of employers who opt to pay into the Fund. Employees whose employers opt to pay into the Fund, with some exceptions, would have been required to enroll in Cal-CHIPP unless they demonstrate coverage through other means as specified in the bill. Employers of in-home support workers are exempt and those required by specific collective bargaining agreements to make health care expenditures are deemed to have satisfied the requirement to participate in Cal-CHIPP. In addition, employees would not have been required to enroll in Cal-CHIPP if the cost exceeds 5% of wages by the employer with a \$1,500 maximum out-of-pocket cost.

The bill would have created the California Health Benefits Service (CHBS) and the Healthcare Cost and Quality Transparency Commission (HCQTC), both within Health and Human Services Agency. CHBS would have been overseen by a 9-member board and would, among other responsibilities, assist in expanding coverage in the state by creating and maintaining “joint ventures,” integrated networks of public health plans, especially focusing on expanding coverage in areas without prepaid publicly-run health plans. HCQTC would be overseen by a 13-member board with 4 additional ex-officio members. Among its responsibilities would have been measuring and analyzing health care quality and cost data in order to address issues relevant to consumers, policy makers, and health care purchasers.

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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The Department of Managed Health Care Director would have had “regulatory and program flexibilities” to facilitate new, modify existing licenses issued to local initiatives, county operated health systems or “joint ventures” of the California Health Benefits Service by January 1, 2010 or seeking to provide coverage in

The bill would have required carriers to collect the employers’ cost-share of premiums for persons eligible for Cal-CHIPP Medi-Cal or Cal-CHIPP HFP coverage, and send the funds to MRMIB to go towards coverage in Cal-CHIPP.

The bill would have expanded eligibility for the HFP from 250% FPL up to 300% FPL and would have deleted the current specified citizenship and immigration status requirements so that undocumented children could qualify for full scope no-cost Medi-Cal and the HFP.

In addition, the bill would have enacted various health insurance market reforms, including requiring health care service plans and health insurers to use a standardized health questionnaire (to be developed by MRMIB) to identify persons who would be automatically eligible for enrollment in the MRMIP; would have required the MRMIB to develop a list of medical conditions to determine a person’s automatic eligibility for MRMIP; and would require that at least 85% of health plan and insurer revenue be spent on health care services.

***AB 195 (Committee on Budget)** Health care: Expanded access to primary care program

Version: Chaptered 10/05/07

Sponsor: Author

Status: Chaptered by Secretary of State, Chapter 261, Statutes of 2007

This bill will on a one-time basis for the 2007-08 fiscal year, reduce the amount deposited into the Major Risk Medical Insurance Fund from the Physician Services Account in the Cigarette and Tobacco Products Surtax Fund, from \$11,000,000 to \$1,000,000, reducing funds to the MRMIP by \$10 million for the 2007-08 fiscal year. Note: Apart from this bill, an \$8.3 million reduction was made in the MRMIP in the state’s budget.

***AB 295 (Lieu)** State agencies: collection of demographic data

Version: Amended 8/23/07

Sponsor: Asian Americans for Civil Rights and Equality (AACRE)

Status: Vetoed 10/11/07

This bill would have required state agencies, boards, and commissions that collect demographic data on ancestry or ethnic origin to use additional separate collection categories and tabulations for other major Asian and Pacific Islander groups and to update data collection categories to match those used by the United States Census. The bill would also have required that state agencies that collect this demographic data make the demographic reports available to the public to the extent that disclosure does not violate confidentiality.

***AB 329 (Nakanishi)** Chronic diseases: telemedicine

Version: Chaptered 10/10/07

Sponsor: California Medical Board

Status: Chaptered by Secretary of State, Chapter 386, Statutes of 2007

This bill authorizes the Medical Board of California to establish a pilot program to expand the practice of telemedicine and would authorize the board to implement the program by convening a working group. The bill specifies that the purpose of the pilot program shall be to develop methods, using a telemedicine model, of delivering health care to those with chronic diseases and delivering other health care information. The bill requires the Board to make recommendations regarding its findings to the Legislature.

***AB 343 (Solorio)** Health care: employer coverage

Version: Amended 06/27/07

Sponsor: American Federation

Status: Vetoed 10/10/07

This bill would have required the DHCS and the MRMIB to collaborate and submit a report to the Legislature that identifies all employers employing 25 or more persons who are beneficiaries or who support beneficiaries enrolled in Medi-Cal, HFP, or AIM by March 15 of each year. The bill would also have required that the report be made available to the public as well.

(Same as AB 1840 (Horton) of 2005 – 2006 session which the Governor vetoed)

***AB 423 (Beall)** Health care coverage: mental health services

Version: Amended 5/01/07

Sponsor: California Psychological Association

Status: Vetoed 10/14/07

This bill would have required unlimited coverage by health plans and insurers for any “mental illness” as defined in the Diagnostic and Statistical Manual IV (DSM IV), including substance abuse disorders. The Healthy Families program currently limits the obligation of health plans and insurers to cover substance abuse and certain mental health conditions by referring enrollees to the county. The bill would have removed any annual or lifetime cap for these services and require health plans and insurers to cover the diagnosis and treatment of all conditions in the DSM IV.

***AB 1328 (Hayashi)** Public health

Version: Amended 9/04/07

Sponsor: Maternal and Child Health Access; Planned Parenthood Affiliates of California

Status: Vetoed 10/14/07

This bill would have deleted the eligibility requirement for the Access for Infants and Mothers (AIM) program that the applicant be a resident of the state of California for at least six continuous months prior to applying for enrollment in AIM.

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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***AB 1750 (Assembly Health Committee)**

Version: Amended 09/05/07

Sponsor: The Administration

Status: Chaptered by Secretary of State, Chapter 577, Statutes of 2007

This is a technical bill which includes several issues. It includes provisions that restate MRMIB's authority to hold closed session (non public) Board meetings for health, dental and vision plan contracting strategy and extends that authority to other contracts.

AJR 19 (Ma) Healthy Families Program

Version: Chaptered 07/03/07

Status: Chaptered by Secretary of State, Resolution chapter 75, Statutes of 2007

This measure memorializes each Senator and Representative from California in the Congress of the United States to ensure that the Congress timely reauthorizes the State Children's Health Insurance Program (SCHIP) to assure federal funding for the HFP.

Senate Regular Session

***SB 137 (Torlakson) Children's health: medical treatment**

Version: Amended 9/07/07

Sponsor: Children's Specialty Care Coalition

Status: Vetoed 10/10/07

Under existing law, income eligibility for California Children's Services (CCS) is capped at \$40,000 annually, determined by methods used for California state income taxes, and allows the Department of Health Care Services Director to enroll persons at higher incomes if the family's annual health care cost is expected to be 20% or more of their annual "adjusted" gross income. This bill would have also allowed families with an "equivalent monthly income" or "annual or monthly" gross income of \$40,000 to be CCS-eligible. It would also have required the state to reimburse counties for 100% of CCS costs for families up to 300% FPL. It also would have made a technical change, simplifying the documentation that a Healthy Families enrollee needs to enroll in CCS. This bill was double-joined with AB 1 and SB 32 for provisions of it pertaining to the "buy-in" and would have only become operative if AB 1 and/or SB 32 were also signed into law.

SB 320 (Alquist) California Health Care Information Infrastructure Program

Version: Amended 6/26/07

Sponsor: Author

Status: Vetoed 10/14/07

Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes certain requirements relating to the provision of health insurance. The Office of HIPAA Implementation would be renamed the California Office of HIPAA Implementation or CalOHI and the termination date of this office would be extended from January 1, 2008 to January 1, 2013. This bill would have required CalOHI, in consultation with Department of Health Care Services (DHCS), the State Department of Public Health, the Department of Corrections and Rehabilitation, the MRMIB, the Department of Managed Health Care and other

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health care organizations as specified, to develop a plan for implementation of the California Health Care Information Infrastructure Program and deliver the plan to Legislature. The program would seek to provide the opportunity for every resident of the state to have an electronic health record. Implementation of the plan would be contingent upon enactment of subsequent statutory authorization.

Assembly – 2 Year Bills

^AB 1 (Laird and Dymally) Health care coverage

Version: Amended 9/07/07

Sponsor: 100% Campaign, People Improving Communities through Organizing (PICO)

Status: Held at Assembly desk

The bill would:

- Expand eligibility for Medi-Cal and the Healthy Families Program to cover children in families with household income up to 300% FPL from the current limit of 250% FPL.
- Create the Healthy Families Buy-In Program that would be administered by the MRMIB.
- Make coverage provided under the Healthy Families Program (HFP) available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria.
- Delete the specified citizenship and immigration status requirements and would require the MRMIB to implement a process for an applicant's self-certification of income and income deductions by 1/1/08.
- Require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for Medi-Cal (MC) and the HFP and to develop a process to transition the enrollment of children from local children's health initiatives into MC and HFP.
- Establish the HFP to MC Presumptive Eligibility Program, the MC to HFP Presumptive Eligibility Program, the MC Presumptive Eligibility Program and the HFP Presumptive Eligibility Program.
- Deem children who have a CCS eligible medical condition and who are enrolled in the HFP or the HFP Buy-In Program, to be financially eligible for CCS program benefits.

(Identical to SB 32 (Steinberg))

^AB 2 (Dymally) Health care coverage

Version: Amended 9/07/07

Sponsor: Author

Status: Senate Floor, Inactive File

This bill would:

- Require insurers in all markets to either sell individual coverage on a guaranteed issuance basis with community rating (no rating for age, health status or geography) or elect to pay a fee to help finance the Major Risk Medical Insurance Program (MRMIP).
- Require health plans and insurers to either pay a per life fee, adjusted by MRMIB and capped at \$1.50 per life, to fully fund the MRMIP, eliminating any wait lists for the program, or agree to provide coverage to persons eligible for the MRMIP, based on their market-share of covered lives in the state.
- As of 1/1/08, eliminate annual benefit caps for the MRMIP and require at least \$1 million lifetime benefit cap; cap out-of-pocket costs at \$2,500 or lower per person and \$4,000 per family, and; reduce consumer costs for primary and preventative care and medications for chronic conditions.

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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- Require MRMIB to appoint an 8-member advisory committee (volunteers) to advise the board on topics related to operation of the program and improving quality and cost-effectiveness of program operations.

Persons eligible for HIPAA coverage on or after January 1, 2009 would obtain that coverage through MRMIP. After January 1, 2009, persons enrolled in the Guarantee Issue Program (GIP) pilot would be allowed to enroll in MRMIP; prior to that date, they could continue to be enrolled in the GIP. Subscriber premiums in MRMIP would be reduced over time, based on a percent of the cost in the private market for comparable coverage: from 137% currently to 125% on 1/1/08 and on 1/1/09 at 120% for persons above 300% FPL and 110% for persons below 300% FPL. MRMIB would report to the Legislature by July 1, 2011 regarding implementation of the provisions of the bill, and specific information regarding program operations.

^AB 16 (Hernandez) Pupil immunizations: human papillomavirus vaccine

Version: Amended 7/05/07

Sponsor: Author

Status: Senate Rules

Existing law prohibits the governing authority of a school or other institution from unconditionally admitting a pupil unless the pupil has been fully immunized against various diseases. This bill would revise the list of institutions that are subject to the prohibition, and would require the State Public Health Officer to create a list of diseases for which immunization would be required prior to entry into those institutions and to annually publish the list on the Department of Public Health website.

^AB 56 (Ma) Secretary for Poverty

Version: Amended 6/7/07

Sponsor: Author

Status: Assembly Human Services

This bill would create the cabinet-level position of Secretary of Poverty, to be appointed by the Governor. The secretary would be responsible for reviewing the work of state agencies, departments, and offices that implement and administer antipoverty programs in the state and for determining if those agencies, departments, and offices were operating in the most efficient and effective manner possible.

^AB 75 (Blakeslee) Healthy Choices Plan

Version: Introduced 12/4/06

Sponsor: Author

Status: Assembly Rules

This bill would express the intent of Legislature to create the Healthy Choices Plan which would provide health care coverage for Californians without coverage.

^AB 272 (Garcia) HIV tests

Version: Introduced 2/9/07

Sponsor: Author

Status: Assembly Health

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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This bill would require that any woman seeking an annual gynecological exam or family planning appointment be provided with information on HIV and AIDS, and would require that the woman be offered the option of being tested onsite, if available, or provided referral information to other testing locations.

^AB 368 (Carter) Hearing Aids

Version: Introduced 2/14/07

Sponsor: Author

Status: Assembly Health

This bill would require health care service plans and health insurers to offer or provide coverage up to \$1,000 for hearing aids to all enrollees, subscribers, and insureds less than 18 years of age. The bill would provide that the requirement would not apply to certain types of insurance.

^AB 396 (Hernandez) Public works and prevailing wages: health and welfare benefits

Version: Amended 6/01/07

Sponsor: California Building and Construction Trade Council

Status: Senate Labor & Industrial Relations

This bill would require employers that do not spend the health and welfare portion of an applicable prevailing wage determination to provide health and welfare benefits for their employees, to pay that amount to the Controller for deposit in the Public Works Health and Welfare Fund, which would be created by the bill in the State Treasury. This bill would require that money in the fund, upon appropriation by the Legislature, be expended exclusively to provide health and welfare benefits for these employees.

^AB 420 (Wolk) California Special Supplemental Nutrition Program for Women, Infants, and Children: gateway system

Version: Amended 4/10/07

Sponsor: WIC Association, 100% Campaign, People Improving Communities through Organizing (PICO)

Status: Assembly Appropriations, Suspense

Existing law requires the DHCS and MRMIB, in collaboration with California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, to design, promulgate, and implement policies and procedures for an automated enrollment gateway system to obtain presumptive eligibility for, and to facilitate application for enrollment in, the Medi-Cal program and the HFP for children applying to the WIC program. This bill would require all WIC local agencies that serve large numbers of participants and a high proportion of uninsured participants, to use the WIC gateway system only to the extent funding is available and would permit all other local WIC agencies to use the WIC gateway system at their option.

^AB 547 (Ma) County Health Initiative Matching Fund: application assistance

Version: Amended 4/19/07

Sponsor: Author

Status: Assembly Health

Under existing law, a county, county agency, local initiative, or a county organized health system, defined as applicants, may apply to the MRMIB for funding from the County Health Initiative Matching Fund (CHIM) to provide comprehensive health insurance coverage to a person who meets specified income criteria. This bill would authorize the City and County of San Francisco or a local initiative contracting with the City or County of San Francisco to, if certain conditions are met, pay a fee to a person or entity that assists a person to apply for or to renew coverage provided with County Health Initiative Matching Fund funds.

^AB 555 (Nakanishi) Healing arts: medical records

Version: Introduced 2/21/07

Sponsor: California Medical Board

Status: Assembly Rules

This bill would express the Legislature's intent to require the Medical Board of California to work with interested parties to develop an electronic system that would allow any physician and surgeon in this state to access the medical records of the patient that he or she requires in order to treat that patient.

^AB 562 (Walters) Health care coverage: catastrophic loss

Version: Introduced 2/21/07

Sponsor: Author

Status: Assembly Health

This bill would authorize a health care service plan and a health insurer to offer and issue a group or individual plan contract or policy for catastrophic losses that contains a high deductible.

^AB 606 (Galgiani) Medi-Cal: reimbursement rates

Version: Introduced 2/21/07

Sponsor: Author

Status: Assembly Health

This bill would provide that commencing January 1, 2008, the reimbursement levels for physician and dental services under Medi-Cal be increased to 5%.

^AB 703 (Ruskin) Social security numbers

Version: Introduced 2/22/07

Sponsor: Author

Status: Assembly Judiciary

This bill would prohibit a person or entity from using a social security number as an identifier, except as required by federal or state law.

^AB 770 (Hernandez) Health care coverage: agricultural employees

Version: Amended 5/08/07

Sponsor: California Medical Association (CMA)

Status: Assembly Appropriations

The bill would declare the intent of the Legislature that agricultural employees in California are provided health care coverage and that agricultural employers offering that coverage be allowed to lower their total health care costs. This bill would also require the Senate Office of Research to conduct a comprehensive study of the availability of health care coverage to agricultural employees, to convene a working group of affected California stakeholders, and to report to the Legislature by January 1, 2009.

^AB 799 (Smyth) Health care coverage: small employers

Version: Amended 4/9/07

Sponsor: Author

Status: Assembly Health

Existing law imposes various requirements on health care service plans and health insurers with respect to small employer coverage and specifies that those requirements do not apply to certain forms of coverage, as specified. This bill would additionally provide that those requirements do not apply to a policy, a rider, or a contract, as specified, offered to a small employer in conjunction with a health benefit plan or health care services, as specified, in order to promote wellness and healthy lifestyles program of services and incentives offered to a small employer, separate and apart from a contract or policy for health care services or benefits, as specified, designed to promote wellness and healthy lifestyles.

^AB 855 (Hayashi) Medi-Cal: managed care

Version: Introduced 2/22/07

Sponsor: Author

Status: Assembly Health

This bill would require that on and after July 1, 2008, every Medi-Cal managed care contract entered into by the Department of Health Care Services (DHCS) shall include alcohol and drug treatment services at least equivalent to the alcohol and drug treatment services available to enrollees in the HFP. The bill would also require that on or before October 1, 2008, the DHCS enter into contracts with a managed care organization for each county to ensure that Medi-Cal fee-for-services enrollees have as covered services, the alcohol and drug treatment services available to enrollees in the HFP.

^AB 1040 (Duvall) Income taxes: deduction: medical care

Version: Amended 3/28/07

Sponsor: Author

Status: Assembly Revenue & Taxation

This bill would allow a deduction in computing adjusted gross income for the costs of health insurance, not compensated by insurance or otherwise, paid or incurred during the taxable year by the taxpayer for medical care for the taxpayer, his or her spouse, or dependents.

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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^AB 1072 (Gaines) Health care coverage: California Health Insurance Exchange

Version: Amended 4/18/07

Sponsor: Author

Status: Assembly Appropriations

This bill would establish the California Health Insurance Exchange that would be administered by the MRMIB. The bill would, beginning September 1, 2008, allow an employer who sponsors a cafeteria plan in compliance with federal law and who has entered into an agreement with the board, to transmit premium payments for individual plan contracts and individual insurance policies obtained by his or her employees through the cafeteria plan to the exchange for remittance to the issuing plan or insurer that has agreed to participate in the exchange. The bill would create the California Health Insurance Exchange Fund where the premium payments would be deposited prior to remittance to the carrier.

^AB 1214 (Emmerson) Waiver of benefits

Version: Introduced 2/23/07

Sponsor: Author

Status: Assembly Health

This bill would on and after July 1, 2008, allow a health care service plan that covers hospital, medical, or surgical expenses on an individual or group basis, to issue a plan contract that does not include certain specified benefits, or may amend or renew a plan contract to delete certain benefits, if the applicant or the contract holder waives the benefits. The bill would require the applicant, contract holder or policy holder to sign a disclosure form that he/she is waiving the benefit.

^AB 1378 (Nakanishi) Health care coverage: California Major Risk Medical Insurance Program

Version: Amended 3/27/07

Sponsor: Author

Status: Assembly Appropriations

This bill would change the eligibility criteria for the MRMIP by requiring rejection by at least 2 private health plans and would require a MRMIP subscriber who has a chronic health condition to participate in a disease management program. The bill would extend the duration of the Guaranteed Issue Pilot Program (GIP) from December 31, 2007 to July 1, 2008.

^AB 1554 (Jones) Health care coverage: rate approval

Version: Amended 7/05/07

Sponsor: Author

Status: Senate Health

This bill would require approval by the Department of Managed Health Care or the Department of Insurance of an increase in the amount of the premium, co-payment, coinsurance obligation, deductible, and other charges under a health care service plan or disability insurance policy, other than a Medicare supplement contract or policy or health care service plan contracts issued through a state program, including Medi-Cal and the HFP.

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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^AB 1555 (Lieber) Health care services: chronic care model

Version: Amended 4/26/07

Sponsor: Lieber

Status: Assembly Appropriations, Suspense

This bill would create in the Department of Health Care Services (DHCS) a Chronic Care Model Task Force for the purpose of developing a strategy to implement a Chronic Care Model Plan. The bill would prescribe the membership and duties of the task force and would require the task force to establish specified workgroups to address issues relating to the provision and management of care for chronic disease.

^AB 1619 (Benoit) Insurer licensing

Version: Introduced 2/23/07

Sponsor: Author

Status: Assembly Insurance

This bill would allow any insurer admitted to transact health insurance or workers' compensation insurance, or a health care service plan licensed pursuant to the Knox-Keene Health Care Service Plan Act, to make a written application to the Insurance Commissioner for a license to offer a single policy that provides health care services and workers' compensation benefits.

^AB 1644 (Niello) Out-of-state carriers

Version: Introduced 2/23/07

Sponsor: Author

Status: Assembly Health

This bill would allow a carrier domiciled in another state to offer, sell, or renew in California, an essential health benefit plan meeting certain unspecified requirements, without holding a license issued by the Department of Managed Health Care or a certificate of authority issued by the Insurance Commissioner, and would exempt the essential health benefit plan from requirements otherwise applicable to plans and insurance policies providing health care coverage in California.

^AB 1692 (Villines) Healthy Families Advisory Panel

Version: Introduced 2/23/07

Sponsor: Author

Status: Assembly Health

Existing law requires the MRMIB to appoint a 15-member advisory panel to, among other things, advise the board on all policies, regulations, operations, and implementation of the HFP. Existing law requires that the membership of the panel include one physician and surgeon who is board certified in pediatrics. This bill would require that member to be a practicing physician and surgeon who is board certified in pediatrics.

Senate – 2 Year Bills

^SB 24 (Torlakson) Taxes: cigarette and tobacco products

Version: Amended 4/30/07

Sponsor: Author

Status: Senate Revenue & Taxation

This bill would enact the Cigarette and tobacco Products Emissions Act of 2007, which would require the Department of Public Health to assess a fee, administered and collected by the State Board of Equalization, on consumers of cigars and cigarettes. The bill would establish the Cigarette and Tobacco Products Emissions Fund into which the fees would be deposited. The fund would be used by the department, upon appropriation from Legislature, for specified purposes to address the health impacts of environmental tobacco smoke on children and others.

^SB 26 (Simitian) State agencies: collection of data: ancestry or ethnic origin

Version: Amended 5/08/07

Sponsor: Author

Status: Assembly Appropriations, Suspense

This bill would require state agencies, boards, and commissions that collect demographic data on ancestry, ethnic origin, ethnicity, or race to offer respondents the option of selecting one or more ethnic or racial designations according to specified federal standards.

^SB 32 (Steinberg) Health care coverage: children

Version: Amended 9/07/07

Sponsor: 100% Campaign, People Improving Communities through Organizing (PICO)

Status: Assembly floor, Inactive File

The bill would:

- Expand eligibility for Medi-Cal and the Healthy Families Program to cover children in families with household income up to 300% FPL from the current limit of 250% FPL.
- Create the Healthy Families Buy-In Program that would be administered by the MRMIB.
- Make coverage provided under the Healthy Families Program (HFP) available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria.
- Delete the specified citizenship and immigration status requirements and would require the MRMIB to implement a process for an applicant's self-certification of income and income deductions by 1/1/08.
- Require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for Medi-Cal (MC) and the HFP and to develop a process to transition the enrollment of children from local children's health initiatives into MC and HFP.
- Establish the HFP to MC Presumptive Eligibility Program, the MC to HFP Presumptive Eligibility Program, the MC Presumptive Eligibility Program and the HFP Presumptive Eligibility Program.
- Deem children who have a CCS eligible medical condition and who are enrolled in the HFP or the HFP Buy-In Program, to be financially eligible for CCS program benefits.

(Identical to AB 1 (Laird))

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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^SB 51 (Ducheny) San Diego Health Care Connection Demonstration Project

Version: Amended 5/23/07

Sponsor: San Diegans for Healthcare Coverage, Inc.

Status: Senate Appropriations, Suspense

This bill would establish the San Diego Health Care Connection Demonstration Project. The bill would require the MRMIB to contract with San Diegans for Healthcare Coverage, Inc., a private nonprofit corporation, to operate the project to assist employers in San Diego County with providing health care benefits to their employees with full-time employment. The bill would require the Department of Health Care Services to secure any state plan amendments and federal waivers necessary and to submit the waivers or amendments by June 30, 2008. The bill would also require the department to establish data collection and reporting procedures.

^SB 236 (Runner, Ackerman, Aanestad, and Cox) Health care: Cal CARE program

Version: Amended 4/19/07

Sponsor: Author

Status: Senate Rules

This bill would express the Legislature's intent to enact the Cal CARE program to improve access to health care services for the residents of California. The bill would declare that the Legislature shall enact specified legislation and would declare the Legislature's intent to accomplish specified acts in order to improve access and affordability to health care.

^SB 438 (Aanestad) Medi-Cal: reimbursement rates

Version: Introduced 2/21/07

Sponsor: Author

Status: Senate Rules

This bill would state the intent of Legislature to enact legislation that would increase Medi-Cal reimbursement rates for providers over the next 8 years and to make it a budget priority to increase the lowest rate first.

^SB 646 (Cox) California Major Risk Medical Insurance Program: waiting list

Version: Introduced 2/22/07

Sponsor: Author

Status: Senate Rules

This bill would express the Legislature's intent to appropriate additional funds from the Cigarette and Tobacco Products Surtax Fund for deposit into the Major Risk Medical Insurance Fund to eliminate a waiting list for the MRMIP.

^SB 674 (Dutton) Employers: benefits

Version: Introduced 2/23/07

Sponsor: Author

Status: Senate Rules

This bill would state the intent of Legislature to provide incentives to employers who offer health insurance, flex-time work schedules, and other benefits agreed upon by the employers and the employees.

^SB 697 (Yee):

Version: Amended 9/7/07

Sponsor: Author

Status: Assembly Health

This bill would explicitly prohibit any health care provider who is given documentation that a person is enrolled in the Healthy families program from “balance billing” the subscriber for health care services.

^SB 820 (Ashburn) Taxation: health insurance and health care service plans

Version: Amended 5/15/07

Sponsor: Author

Status: Senate Revenue & Taxation

The Personal Income Tax Law and the Corporation Tax Law authorize various credits against the taxes imposed by those laws. This bill would authorize a credit against those taxes for each taxable year beginning on or after January 1, 2007, in an amount equal to 15% of the amount of administrative costs paid or incurred by a qualified taxpayer during the taxable year in connection with establishing a qualified cafeteria plan that provides health benefits, as defined. This bill would take effect immediately as a tax levy.

^SB 840 (Kuehl) Single-payer health care coverage

Version: Amended 7/10/07

Sponsor: Author

Status: Assembly Appropriations Committee

This bill would establish the California Healthcare System to be administered by the newly created California Healthcare Agency under the control of a Healthcare commissioner. The bill would make all California residents eligible for specified health care benefits under the California Healthcare System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services. The bill would provide that a resident of the state with a household income at or below 200% of the federal poverty level would be eligible for the type of benefits provided under the Medi-Cal program. The bill would create several new offices as well to establish policy on medical issues and various other matters relating to the health care system.

^SB 867 (Ridley-Thomas) In-home supportive services

Version: Introduced 7/03/07

Sponsor: United Healthcare Counsel

Status: Assembly Floor, Inactive File

This bill would authorize a recipient who receives personal care and in-home services through the Access for Infants and Mothers (AIM), HFP, MRMIP, or any publicly funded program enacted prior to, or on or after, January 1, 2008, to select his or her own service provider, subject to program requirements.

^SB 885 (Calderon) Health care coverage: employer mandates

Version: Introduced 2/23/07

Sponsor: Author

Status: Senate Rules

This bill would express the Legislature's intent to require employers to provide health care coverage for their employees to the extent allowed by federal law.

^SB 893 (Cox) California Children and Families Program: funding

Version: Introduced 2/23/07

Sponsor: Author

Status: Senate Health

Existing law stipulates that specified percentages of moneys allocated and appropriated from the California Children and Families Trust Fund be deposited in various accounts for expenditures by the California Children and Families Commission (First 5), for various subjects relating to, and furthering the goals and purposes of the California Children and Families Act of 1998. This bill would eliminate those percentages for allocations to various accounts and would instead provide that those funds be allocated and appropriated to the commission to provide health care services to children consistent with the purposes of the act.

^SB 981 (Perata)

Version: Amended 9/10/07

Sponsor: Author

Status: Assembly Health and Appropriations

This bill creates various payment rates and standards for non-contracted hospital-based physicians to be developed in regulations by the Department of Managed Health Care. These include developing regulations regarding payment to non-contracted hospital-based physicians as part of the Access to Infants and Mothers (AIM) program

^SB 1014 (Kuehl) Taxation: single-payer health care coverage tax

Version: Amended 4/23/07

Sponsor: Author

Status: Senate Revenue & Taxation

This bill would impose an additional tax at the rate of 1% on the taxpayer's taxable income that exceeds \$200,000 but is not over \$1,000,000, a tax on self-employment income of an individual

Key: † New bill since last board meeting

*Status change since last board meeting

^2 year bill

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taxpayer and a tax on non-wage income of a taxpayer. The bill would also impose a health care coverage tax on the wages of an employee to be paid by both the employee and his or her employer. The bill would require all revenues received by the Franchise Tax Board from those taxes to be deposited in the Health Insurance Fund.

^SB 1026 (Calderon) Personal income and corporation taxes: credit: qualified health care provider

Version: Introduced 2/23/07

Sponsor: Author

Status: Senate Health

This bill would authorize a credit against those taxes for a qualified health care provider, in an amount equal to the amount paid or incurred during the taxable year to provide health care to residents of California whose health care was not covered by a health care service plan or health insurance.